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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/919,309
Filing Date	Jly 14, 2003
First Named Inventor	Michael Haytas
Art Unit	Unknown
Examiner Name	Not Yet Assigned
Attorney Docket Number	DLWZ 2 00106

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

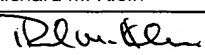
The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Darice, Inc.		
Address	13000 Darice Parkway, Park 82		
Address			
City	Strongsville	State	OH Zip 44149-3800
Country	United States		
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Name	Richard M. Klein		
Signature		Registration No.	33,000
Date	October 14, 2003	Telephone No.	216-861-5582

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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